

WORKERS' COMPENSATION POLICY QUICK QUOTE



In Georgia, every employer, individual, firm, association or corporation, regularly employing three or more persons, part-time or full-time, shall provide Workers' Compensation insurance coverage. "Employee" or "worker" shall include every person, including minors, working full-time or part-time under a contract of hire, written or implied. Exempted officers of corporations or exempted members of limited liability companies shall not reduce the number of employees for this purpose. Sole proprietors or partners are not included as covered employees unless they are named as such on the policy.

Please **PRINT** Legibly – **ALL** questions must be answered.

FAX BACK TO 770-399-6647, ATTN: JENNIE HARP.

Today's Date:		Requested Coverage Effective Date:	
Application Completed By:		Title:	
Named Insured:			
DBA (if any):			
For Profit Organization: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership: # of Partners _____ Do you have majority ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other: _____			
Non-Profit Organization: <input type="checkbox"/> Association <input type="checkbox"/> Church Related <input type="checkbox"/> Non-Profit Corp <input type="checkbox"/> Other: _____			
Business Description/Nature of Business:			
Years of Experience in this Field:		Year Business Established:	
Federal Tax ID Number:		Hours of Operation:	
Mailing Address:			Building/Suite:
City:		State:	Zip:
Phone:	Fax:		Website:
Contact Person:			Title/Position:
Contact Person's Phone/Ext:		Email Address:	

LOCATIONS

# 1			
Address:			Building/Suite:
City:		State:	Zip:
County:			
# 2			
Address:			Building/Suite:
City:		State:	Zip:
County:			
# 3			
Address:			Building/Suite:
City:		State:	Zip:
County:			

RATING INFORMATION

Location	Number of Employees		Job Title/Categories – Describe Position and Duties	Annual Payroll Amount
	Full Time	Part Time		

SOLE PROPRIETOR/PARTNER

A sole proprietor or partner is not considered an employee of the business and would not be included in coverage on a Workers' Compensation policy. A sole proprietor or partner may wish to be included as an employee; however, he/she must be named on the policy as such. This is accomplished by completing a *Notice of Election or Rejection of Workers' Compensation Coverage Form* ACORD 171 GA.

CORPORATE OFFICERS/LIMITED LIABILITY COMPANY MEMBERS

Corporate officers and limited liability company members are considered employees of the company and are included in coverage on a Workers' Compensation policy. Any officer or member of a limited liability company may exempt themselves from coverage; however, he/she must be named on the policy as such. This is accomplished by completing a *Notice of Election or Rejection of Workers' Compensation Coverage Form* ACORD 171 GA. The exemptions shall not decrease the number of employees for purposes of determining the employer's obligations under the Workers' Compensation Act. Maximum number of officers/members that may be exempted is five.

Important: Before deciding to be excluded from coverage, it is advised that the individual consult with his/her Health Care Insurance Provider to determine if he/she has coverage for a work-related injury. A 24-hour rider on the individual's health care plan might be required to provide coverage for any work related injuries.

(Initial here)

Individuals, Partners, Officers, Relatives to INCLUDED or EXCLUDED. (Note: No more than 5 corporate officers may be exempted.)						
Include or Exclude?	Name	Date of Birth	Title/Relationship	% Ownership	Duties	Annual Pay (if including)

PRIOR CARRIER/LOSS HISTORY

Provide information for the past 5 years and use the space below for loss details.						
EFF DATE EXP DATE	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# OF CLAIMS	AMOUNT PAID	RESERVE
EFF ----- EXP	Co: POL #:					
EFF ----- EXP	Co: POL #:					
EFF ----- EXP	Co: POL #:					
EFF ----- EXP	Co: POL #:					
EFF ----- EXP	Co: POL #:					
LOSS DETAILS:						